HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

STATE POSITION HELD: (Dept/Div or Board/Commission)

HARIMOTO, BREENE YOSHITO

BOARD OF EDUCATION TERM OF OFFICE (Begin/End):

12/01/02 11/30/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
City & County of Honolulu 650 S. King St.	E	Deputy Director Dept. of Information Technology
State of Hawaii Dept. of Education	D	Social Worker
US Army Reserve	В	Army Intelligence Analyst
	City & County of Honolulu 650 S. King St. State of Hawaii Dept. of Education	City & County of Honolulu E 650 S. King St. State of Hawaii D Dept. of Education

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
·				
rufcho.	ck here if entry is None		 Check here if additional sh	eets are attached

☐ Check here if entry is None

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
[✓]Chec	☐ Check here if entry is None ☐ Check here if additional sheets are attach	

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Countrywide Home Loans P.O. Box 10281 Van Nuys, CA 91410-0281	Н	G
JT	Honda Financial Services P.O. Box 5025 San Ramon, CA 94583-0925	С	В
[]Chec	[]Check here if entry is None []Check here if additional sheets are attached		

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Pearl City Foundation P.O. Box 114 Pearl City, HI 96782	President	2000 - present	NONE
F	Pearl City Community Association P.O. Box 284 Pearl City, HI 96782	Director	1990 - present	NONE
F	Pearl City High School SCBM Council 2100 Hookiekie St. Pearl City, HI 96782	Parent Representative	1992 - present	NONE
F	Aiea/Pearl City Vision Group 650 S. King St. 5th Floor	Member & Facilitator	1999 - present	NONE
[]Che	[]Check here if entry is None []Check here if additional sheets are attached			

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

	ests in real property in the State, held during the disclosur	re period, if the interest has a value	of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	1983 Hoomalolo Street Pearl City, HI 96782	9-7-088-147-0000	Н
[]Che	ck here if entry is None	[]Check here if a EAL PROPERTY ACQUIRED	dditional sheets are attached
List intere	ests in real property in the State, acquired during the disc	losure period, if the interest has a va	lue of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	·		
			·
[]Che	ck here if entry is None		dditional sheets are attached
l ist intere	ITEM 8: INTERESTS IN REA ests in real property in the State, transferred during the dis	L PROPERTY TRANSFERRED	value of \$10,000 or more
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
L ⊿Che	ck here if entry is None	[]Check here if a	additional sheets are attached

Check here if entry is None

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
[☑]Check here if entry is None	 []Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF VALUE INTEREST
			04 STATE STATE
		•	E À TE E
			OF H
			Ald ED
			5510x
 ∕ Check he	re if entry is None	[]Check	here if additional sheets are attach

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Reene y round

5/30/04

FORM D-201